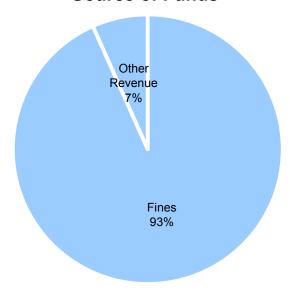
# **MISSION STATEMENT**

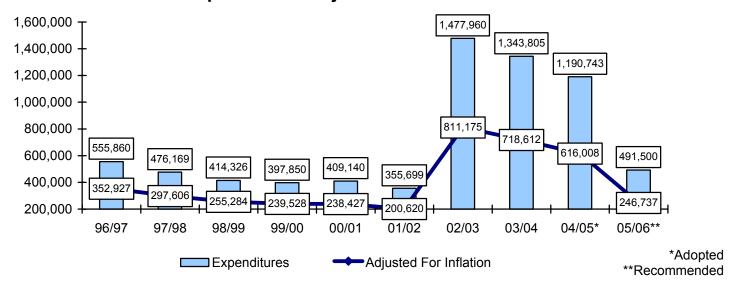
To pay medical providers for uncompensated emergency room care and pay the Emergency Medical Services Agency for regulation of the pre-hospital emergency medical care system.

	2003-04 <u>Actual</u>		2004-05 <u>Actual</u>		2005-06 Requested		2005-06 Recommended		2005-06 Adopted	
Financial Summary										
Revenues	\$	1,322,279	\$	1,214,031	\$	491,500	\$	491,500	\$	491,500
Fund Balance Available	\$	0	\$	0	\$	0	\$	0	\$	23,288
Cancelled Reserves		0		0		0		0		0
Total Financing Sources	\$	1,322,279	\$	1,214,031	\$	491,500	\$	491,500	\$	514,788
Salary and Benefits	\$	0	\$	0	\$	0	\$	0	\$	0
Services and Supplies		1,243,997		178,624		206,430		206,430		206,430
Other Charges		0		831,405		285,070		285,070		285,070
Fixed Assets		0		0		0		0		0
Gross Expenditures	\$	1,243,997	\$	1,010,029	\$	491,500	\$	491,500	\$	491,500
Contingencies		0		0		0		0		23,288
New Reserves		0		0		0		0		0
Total Financing Requirements	\$	1,243,997	\$	1,010,029	\$	491,500	\$	491,500	\$	514,788

# **Source of Funds**



## 10 Year Expenditures Adjusted For Inflation



#### **SERVICE PROGRAMS**

### **Emergency Medical Services Fund**

Payments to physicians, designated hospitals, and other providers of emergency medical care for uncompensated emergency room care and the Emergency Medical Services Agency for regulation of the pre-hospital emergency medical care system.

Total Expenditures: \$491,500 Total Staffing (FTE): 0\*

\*Staffing reflected in Budget Unit 3286 - County Medical Services Program

#### **DEPARTMENT COMMENTS**

Emergency services are a vital part of access to health care. All population groups, regardless of economic resources, want to know that emergency services will be available and will function quickly and effectively when needed. In answer to this social expectation, the Emergency Medical Treatment and Active Labor Act (EMTALA) of 1986 was enacted. This federal legislation stipulates that anyone seeking medical care at a hospital emergency room must receive a medical examination and appropriate stabilizing measures.

In order to address the uncompensated emergency medical care for the physicians and hospitals, the Emergency Medical Services (EMS) Fund, Cost Center 351, was established in 1988, pursuant to Senate Bills 12 and 612. This legislation allowed the Board of Supervisors to authorize the collection of court fines from criminal offenses and approve policies for the administration and expenditures of the EMS Fund. The Fund partially compensates physicians, through a contract with the Society Group, which is a foundation of the County Medical Society, for uncompensated emergency medical care. The Fund also provides funding to hospitals and the EMS Agency, which administers the County's pre-hospital emergency medical care system.

The Superior Court reports that most of the EMS Fund revenues are derived from tickets and citations issued by local law enforcement and the California Highway Patrol (CHP), with the CHP being the largest source of traffic citations.

### **COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS**

Expenditures and revenues for the EMS budget are recommended to decrease by 58% compared to the FY 2004-05 level. This reduction is related to the transfer of Tobacco Settlement Funds to fund center 352 – Other Indigent Health Programs. A state audit of four other counties resulted in a recommendation that counties segregate Tobacco Settlement Funds from money received in the Emergency Medical Services fund. The department and the Auditor's Office support this recommendation.

Setting aside this change, revenues from the fines and penalties that fund the EMS program are projected to increase by about 6% - or approximately \$28,000 - next year based on FY 2004-05 projected receipts.

### **BOARD ADOPTED CHANGES**

None.